PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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Attorney Docket Number	PHUS030074 Michael Peszynski				
	COMPLETE IF KNOWN				
Application Number	1				
Filing Date					
Group Art Unit					
Examiner Name					
	First Named Inventor COMPI Application Number Filing Date Group Art Unit				

As a below named inventor, I hereby declare that:						
My residence, post office	e address, and citizenship	are as stated below next t	to my name.			
	rst and sole inventor (if only one ect matter which is claimed and				names	
	ive Medical Devices b					
the specification of which (Title of the Invention)						
is attached hereto	11100 0100	o mionaon,				
OR						
was filed on (MM/DD/	····	The Maile of Otatas Are	·P····································	- DOT		
Mas uied out (inimudu)	(mm) 03/27/2003	as United States App	plication Number of	PC1 International		
Application Number	60/458,778 and	was amended on (MM/DD/YY	YY)	(if	applicable).	
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy	Attached?	
Number(s)				YES	NO	
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

			_					
Direct all correspondence to:	Customer Numb or Bar Code Lab		28159	59 OR [? [Correspondance address below	
Name	4	-						
Address								
City	State				ZIP			
Country			Teleph	one		F	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor								
Given Name Michael Family Name Peszynski or Surname			ski					
Inventor's Signature Date 4/17/03				17/03				
Newburyport		MA	MA USA		4		United States	
Residence: City		State		Country			Citizenship	
4 Wilson Way								
Mailing Address								
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City		State	Zip		•	Country		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor								
Given Name Ivan Family N (first and middle [if Any]) Or Surna								
Inventor's Signature					Date	l	4/17/03	
Andover		MA		USA			United States	
Residence: City		State		Country			Citizenship	
500 Brookside Drive								
Mailing Address								
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City	State			Zip			Country	
Additional inventors are beir	ng named on the 1 su	polemental Addit	ional Inve	entor(s) s	heet(s) i	PTO/SI	B/02A attached hereto.	

PTO/SB/02A (10-00)
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor						
Bernard Given Name			Savord Family Name or Surname			
Inventor's Signature	<u>_</u> J			٠	Date 4/11/63	
Andover Residence: City	M/ Sta		USA Country		United States Citizenship	
243 Highland Road Mailing Address						
Mailing Address						
_{city} Andover	M <i>A</i> Sta	te	01810 USA ZIP Count		ry	
Name of Additional Joint Inventor, if any:					his unsigned inventor	
Given Steven		_	Family Nar			
inventor's Signature					Date 4(17/63	
Bedford Residence: City	MA State		USA Country		United States	
5 Redcoat Road Mailing Address						
Mailing Address						
Bedford city	M/ Sta		01730 USA Country			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor						
Given Name			mily Name Surname			
inventor's Signature Date						
Residence: City	Stat	te	Country		Citizenship	
Mailing Address						
Mailing Address						
City	Stat	e	ZiP		Country	

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